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VOL. XXVII. MARCH, 1869. No. 315.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on the Treatment of Carbuncle. By JAMES PAGET, D. C. L., F. R. S., Surgeon to St. Bartholomew's Hospital.

GENTLEMEN: You have recently had the opportunity of seeing four cases of carbuncle treated in my wards after methods which you would probably describe, if asked to do so, by saying that "nothing was done for them." Here are the patient's papers; and there is, to be sure, no medicine set down for them to take, and you know that no surgery was inflicted on them—and yet a good deal was done for them, though the treatment was what does commonly pass by the name of "doing nothing." They were carefully fed, washed, cleaned, and bedded; and their carbuncles were very skilfully dressed and washed with proper things, and every care was taken to shut out all untoward influences from them. And if any complication in their cases had arisen, these would have been immediately met. But no complications occurred; and, therefore, the cases passed through their course without treatment, as it is said—that is, without medicine, and with no surgery, no active surgery, no incisions or anything of that kind. And since all these cases passed through their course very favourably, and all the patients were, or will be, discharged at a comparatively early time after their admission into the hospital, I will take this occasion of giving you some observations on the manner of treating this disease.

Although you may not have seen much of it, you must all have heard of the ordinary manner in which carbuncles were

Published monthly by HENRY C. LEA, No. 706 & 708 Sansom Street, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*

☞ *In no case is this periodical sent unless the subscription is paid in advance.*

treated formerly, and still are by some; a method which consists mainly in making large incisions through them, and giving very large quantities of food and stimulants, as well as considerable doses of quinine, bark, and other tonics. I do not at all mean to say that the things which in these cases I left undone would have done any harm; but what I hold of them is, that they would have been quite useless, and some would have been sources of great discomfort to the patients. And in the way in which I speak of these things you may notice that I exemplify that rule which I have always impressed upon you, of asking yourselves, when you seem to have been successful with some medicine, "What would have happened if I had not given it?" The apparent consequence of giving a medicine may be plain enough; but you cannot too often repeat to yourself the question—as a rule, I will not say of practice, but of the study of your own practice—"What would have happened if this or that, which seems to have been successful, had not been done?"

First, with regard to the incisions made in carbuncles. The ordinary plan, still recommended by some, is, as soon as a carbuncle is seen, to make two incisions crucially from border to border. It is said that they must go even beyond the edges of the carbuncle into the adjacent healthy textures. I have not followed that method of practice very often, but I have followed it quite often enough to be sure that it does not produce the effects which are commonly assigned to it. It is commonly said that if you will thus make crucial incisions into a carbuncle, you will prevent it spreading. If you can find a carbuncle two or three days old, and cut that right across in both directions, I think it very likely that you will prevent it spreading. But even therein is a fallacy; for there is no sign by which, on looking at a commencing carbuncle, you can tell whether it will spread or not, whether it will have a diameter of an inch, or of three, six, or ten inches. The question, therefore, that I spoke of comes back, "What would have happened if I had not made these incisions?" And the answer to that question will be rather according to temper than according to knowledge. For as I watch men in their conclusions upon such cases as that, I generally find that self-satisfaction says, "I saved the man's life;" self-dissatisfaction, "I did him no good." The truer scientific temper, stands midway, and says, "I will wait for further information on the matter—till I have seen more cases, and then decide whether, in the earliest stages of carbuncle, incisions are useful or not." After this time of three or four days I have seen sufficient numbers of carbuncles thus divided, and have divided enough for myself, to say that it will not hinder the spreading. I have seen carbuncles spread in as large a proportion of cases after incisions as in cases that have never been incised at all. I have in my mind a striking case that occurred to me early in practice, when I followed the routine, and, in a friend of my own, divided a carbuncle most freely. I cut it after the most approved fashion in depth and length and width, and then it spread. After two or three days more all the newly-formed part was cut as freely as the first, and then it spread again, and again it was cut as freely. Then it spread again, and was not cut. Then, in a natural time, it ceased to spread, and all went on well. These are only general impressions that I give you, because one cannot count the cases in which cutting has been practised, and those similar cases in which it has not; nor even then could it be said whether those in which the cutting was practised would have spread if left alone. On a very strong general impression, however, I say that carbuncles will spread after cutting in as large a proportion of cases as they will spread in without cutting.

Then it is said that carbuncles are relieved of their pain if they are thus very freely cut. Here, again, however, is only a partial truth. A carbuncle of two or three days' standing, which is hard, tense, and brawny, is very painful; and cutting it will relieve, in many cases, a considerable portion of the pain. But after this, when the carbuncle begins to soften, and when pustules begin to form upon its surface, and pus in its interior, it ceases to be painful of its own accord, and without incisions. Thus there are two distinct stages of carbuncle in reference to the pain; the early stage, when it is hard and still spreading, and is generally intensely painful, and the latter stage, in which that pain nearly ceases. A carbuncle divided in the first stage, in the first two or three days of its existence, may be relieved of some of its

pain; if divided in the later stage, what little pain may exist is altogether unaffected by the cutting. And even cut as you may, you cannot always put aside the extreme pain that a carbuncle sometimes has, even to its later time. Some two or three years ago, I was called to a member of our profession with a large carbuncle in the middle of his back. His friends had been much alarmed about the state of his mind, for he had been suffering great mental anxiety for some time, and they were in fear lest the excessive pain of the carbuncle should, in its disturbed state, do his mind permanent damage. So they persuaded me to cut it, and I cut it after the old plan, very wide across, and far into the adjacent textures, as freely as could be. It did not in the least relieve him. I never saw a carbuncle through its whole course so painful as that was, and up to the last, till the healing was nearly completed, he suffered more or less pain in it. So that the conclusion in reference to pain must be this: if they can be divided in the first three or four days, while still hard and brawny, it may relieve some measure of the suffering; at a later period the incisions have no influence at all.

The third point is stated thus, that by the incision of carbuncles you accelerate their healing, giving facility for the exit of sloughs. But herein is the greatest fallacy of all. When the cutting of carbuncles was more customary in this hospital than it is now, when I did not cut them, and some of my colleagues did, I used to be able to compare the progress of cases cut and of cases uncut, and time after time it was evident that the cases uncut healed more readily than those cut. A man who is now in the hospital I have brought round here that I may illustrate the point to you. This is the man, Timothy C——, aged fifty five. When he came in, his carbuncle had a length of more than six inches, and a breadth of three and a half; and it formed the ordinary hard, compact, tense, and brawny mass that a carbuncle usually does. It had at that time already taken to suppurate, and little pustules were pointing on the surface. If I had followed the practice of incisions, I should have had to make a cut in one direction of about seven inches, and in the other of about five, and after that I should have had not only the wounds wide, open, and gaping, and having themselves to heal, but a great part of the substance of the carbuncle fairly exposed, and also under the necessity of healing. But you will observe that the whole of the space that now remains to heal is a series of openings in the middle of the carbuncle, through which the sloughs are to be separated, through which, indeed, nearly the whole of the sloughs have already been discharged, and which now merely remain to be healed like the cavities of small abscesses. In that way you narrow greatly the extent of wounded surface to be healed. Indeed, it by no means always follows that the whole carbuncle, or its whole base, sloughs. Carbuncles, if not divided, not unfrequently only suppurate about their centres, and slough only in their central parts, and the borders merely clear up by the softening and dispersion of the inflammatory products in them. In every case of that kind you save greatly the amount of healing which has to be gone through. Nay, in some cases carbuncles completely abort. One of these cases, of which I have the paper on the table, was that of a woman, aged sixty-four, who came in with a carbuncle nearly as large as this, in a condition which, it might be said, required incision at once; but, with the exception of two or three small points, no suppuration or sloughing ensued. That carbuncle dispersed, aborted, cleared away. This case shows the more ordinary course of events —the sloughing of the central part, the gradual discharge of the sloughs, and the comparatively small spaces which are left in the centre of the carbuncle as the sole space in which the process of healing has to be achieved.

On these three points, which are the grounds that have been assigned as reasons for cutting carbuncles, I have now given you the evidence on which I have ceased from the practice. I fully believe that crucial incisions do not prevent extension; that it is only a limited set of cases in which the incisions diminish pain; and that with regard to the time that is occupied in healing with or without incisions, the healing without incisions is very clearly and certainly a great deal the quicker.

The kind of incisions that I have been speaking of is the old plan of crucial incisions. Another method which I have occasionally tried, but of which I can only state the same general results, is that of subcutaneous incision. This has been supposed to

have the same general effect as the other; and I think that the same general conclusions may be drawn respecting it: that it is a measure unnecessary in the treatment of carbuncle, and that it retards rather than hastens the healing. When I speak thus of the incision of carbuncles, however, I do not mean to say that there is no condition of carbuncle in which an incision is not useful. Sometimes a carbuncle sloughs in its central part, with one continuous slough of integument holding in a quantity of pus. In that case you would cut through the slough, or through any adjacent part of the carbuncle, to let out the pus, as you would open an ordinary abscess. But this is not a measure which is commonly understood by the "incision of a carbuncle."

If you ask why one may not cut a carbuncle though it may do no good, I reply that you should never be actively useless, and that there are some cases in which the cutting does considerable harm. Carbuncles, for the most part, occur in persons broken down in health, exhausted by overwork, or by bad food, or in general deteriorated health—as sometimes in diabetes or albuminuria; and in all these states it is a good general rule to save the blood they need for healing. The loss of blood from the carbuncle itself would not be considerable; the hard substance of the carbuncle, when cut into, does not bleed, or bleeds but little. But to carry out the incision perfectly, you have to cut into the adjacent healthy texture; and this sometimes bleeds very profusely, so as to lead to all the distress and pain of plugging the wound with this or that substance to arrest the blood.

Another measure in the treatment of carbuncles which is supposed to be necessary, is very high feeding and large quantities of stimulants. I learned the opposite of this in one of those cases which you will do always well to study—those, namely, in which the patient refuses to do what you advise him. It is from such cases that we may often learn what is commonly called the "natural history of disease"—its course undisturbed by treatment. A case occurred to me once of an old gentleman, eighty years of age, who had a carbuncle, as big as it could be, on the back of his neck, for it extended from one ear to the other, and from his occipital spine to the third cervical vertebra. He measured it for his own amusement, and it was fourteen inches over its surface transversely, and nine inches vertically—a carbuncle, then, of the largest size, and one, it might have been supposed, attended with considerable risk to life. I urged him very strongly to take a large quantity of what is called "support," for I was at that time under an impression of its necessity. He absolutely refused, however, and nothing would induce him to take it. I was therefore content to stand by and study the natural history of disease in this huge carbuncle; and the natural history of it was a history that one would have wished to witness in every carbuncle of its size, for no case could pass through its course in a better method. He led his ordinary abstemious life, took moderate quantities of food and of stimulant, lived through a carbuncle of the greatest severity, and finally made a complete recovery, and lived for several years after.

Another case which impressed me very much was that of a friend of my own in the profession, who had a carbuncle on the back of his neck, of a very considerable size. Sir Benjamin Brodie and Mr. Stanley attended him with me, and under their advice the carbuncle was cut. I watched its course afterwards, and felt sure that the cutting had done neither good nor harm. It went on as carbuncles do when not cut. But the gentleman was subject to intense headaches, of which he knew by experience the only possible remedy was almost entirely to leave off food, and absolutely and entirely to leave off stimulants. One of these headaches occurred during the course of the carbuncle, at a time when we had put him upon very full diet and abundant stimulant. He said then he must leave off his stimulants and food, and we looked with some alarm at what would be the result on the progress of the carbuncle. I remember Mr. Stanley saying to him, in his distinct manner, "My dear fellow, if you don't take food you will die." "Very well," he said, "then I will die, but I will not take food and increase my headache." According to his own wish, therefore, we reduced his diet to a very low level. The course of the carbuncle was not affected at all, unless it were for good; and after three or four days of this, which might be called comparative starvation, he described himself in his own emphatic fashion as being "as jolly as a sand-boy."

Since that time I have watched carefully all cases that I have seen, and I am certain that there is no good to be obtained by large feeding or abundant stimulants in ordinary cases of carbuncle. The whole of these cases that have been in the hospital were put on our ordinary meat diet, with a pint of porter daily; and I see that two of them have had four ounces of wine a day, one of these being a person aged sixty-four and the other sixty-three, and both having carbuncles of considerable size. You will find that for patients in private life it will do very well if you tell them that they may have about two-thirds of their ordinary amount of food, and about the same proportion of their ordinary quantity of stimulants. But indeed there is scarcely any reason to change in any material degree the ordinary mode of life of a patient with carbuncle. So far as he can with comfort take that to which he is accustomed, so far he may. If his diet has been habitually low, so it may remain; if habitually high, so, within certain limits and somewhat reduced, it may still remain.

Now you may ask what I should set down as the things to be done for a carbuncle. These boards, nearly bare as they are, may tell you. In local treatment one of the best things you can do, if the carbuncle is small, is to cover it with emplastrum plumbi spread upon leather, with a hole in the middle through which the pus can exude and the slough can come away. That, occasionally changed, is all the covering that a small carbuncle will need. It is difficult thus to cover the whole surface of a large carbuncle, and to keep it clean; therefore, I think that the best application for that is the common resin cerate. This should be spread large enough to cover the whole carbuncle, and over it should be laid a poultice of half linseed-meal and half bread. And, if you want to exercise your skill, learn to make that poultice well, and to put it on well, and to keep it in its place well. That mode of dressing the carbuncle, so far as the materials are concerned, will last through its whole course; but whilst the carbuncle is making progress and discharging its slough, you will find plenty of room for the exercise of considerable skill in dressing it, and filling up the cavities with soft substance spread with this ointment. Besides this, the carbuncles are to be carefully washed, especially with some deodorizing substance, as Condy's fluid, or weak carbolic acid, and the cavities may be syringed out with it. The importance of cleanliness is very great. You notice in the man whom I showed you just now the spots of acne and boils around the edges of the carbuncle. This points out the necessity of care, which I suppose had not been taken there, to keep the surface of the skin adjacent to the carbuncle perfectly dry, and free from any contact with the discharge, which seems really to have the power of infecting the neighbouring skin, and so producing the boils which are apt to arise sometimes in clusters around the carbuncle. Of diet I have already spoken to you. Of medicines I say nothing. Quinine, bark, and other medicines of that class, may be given if you please, or in case of evident need, and so may aperients; but there is really no need of them in an ordinary case of carbuncle. But there is one medicine which you may find very valuable, and that is opium, especially in all the earlier painful stages of carbuncle, in which it relieves the suffering as thoroughly as incisions, or anything I know. After the early stages, even that is unnecessary, except for some patient who may be unable to sleep.

But there is one measure in the treatment of carbuncle which is seldom employed, and yet is of great importance, and that is letting the patient have very free air. The general idea that carbuncles are very dangerous diseases has commonly led to the patients being entirely confined to bed and kept shut up in their rooms. There is in that an unnecessary care; and this, too, I learned from a patient who refused to comply with injunctions—a gentleman with a large carbuncle on the back of his head, who would not keep his bedroom. He had been accustomed to an active life, and after seventy or eighty years of that custom he was quite indisposed to remain in his room. So with that carbuncle he daily came down stairs, changing his room and moving about the house as well as the pain and weakness would allow him. No carbuncle could go on better; all the stages were passed through without any risk or trouble, and it healed with unusual speed. After that I had a yet more striking case. A lady came to London "for the season," as she called it; and she had not been here more than a week or ten days before a carbuncle came out on the back of her head,

just under her hair. It was a great vexation to her that she had to give up all her amusements; and so, as she did not mind the pain, she would go out. And it was then that, for the first time and the last, I saw any value in a "chignon." She dressed her carbuncle under the chignon, and she went to the park, to the theatre, and to dances unharmed, and with her carbuncle quite unseen, and no trouble whatever followed. It healed up after the ordinary fashion in about the ordinary time. But, indeed, you may see cases of this description on a much larger scale if you watch the carbuncles that come to us in the out-patients' room. There we often see them of considerable size, and they do as well among the out-patients as among the in-patients; and yet these out-patients are freely in the air all day, and many of them continue at their work. So you may set it down as one point to be attended to in the management of carbuncles that patients should not be confined to their room. They should at least have change of air in their own house; and, unless they are too low, they should not avoid exposure to the fresh open air.

Treating your cases of carbuncle upon this plan, I believe you will find that the great majority will pass through their course well. I cannot tell you what the ordinary proportion of deaths from carbuncles is; but I know that carbuncles are commonly looked upon in the profession as dangerous things, and a large carbuncle on the back of the head is considered to be fraught with risk to the patient's life. But that is very far from being the case in my experience. Remembering, as far as I can, or rather guessing at the number of carbuncles I have had to treat, I should say that there is no other disease of the same extent and general severity which is attended with so little risk to life. During twenty years of hospital and private practice, I cannot have treated less than 200 carbuncles; and of these 200, four have died, giving a mortality at a fair guess, of only two per cent.—a mortality which is less than that of most of the minor operations of surgery, and less really than that of any disease of equal severity that you can name. Of those four deaths, one occurred in a patient aged seventy-eight, who died of erysipelas after the carbuncle had nearly healed. Another was a gentleman of about fifty-five years of age, who died of chronic pyæmia. The third was a gentleman aged fifty, who died with acute pyæmia. And the fourth was a patient of about fifty years of age, who died rapidly exhausted. The first three were from causes which may almost be called accidental; for so we call them when occurring after an operation, and it would be unreasonable to suppose that any other method of treatment would have averted the consequences. The other died, possibly, on account of the deficient stimulation; for he was a man who had lived freely and took during treatment less than he had been accustomed to have. The main point, however, to which I wish to direct your attention, is that the mortality may be as little as two per cent. I cannot doubt that the mortality was considerably larger when carbuncles were severely cut; for the severe cutting meant often severe bleeding, and was attended with all the consequences of large wounds. Thus, though I do not know the exact proportion, I believe that the general reputation of the danger of carbuncle was well founded, and that among the reasons for the diminished mortality of carbuncles may be set down as chief, the more frequent avoidance of the custom of cutting them.

Speaking of the mortality of carbuncle, however, I must remind you that I am not speaking of a disease which sometimes passes under the name of carbuncle—the carbuncular inflammation of the lip which sometimes occurs in young persons: a disease which you may not have seen, and may pass many years without seeing. It was described by a former house-surgeon of this hospital, Mr. Harvey Ludlow, as malignant pustule of the lip. Dr. Budd, of Bristol, also so described it. Commencing at one spot, inflammation of the whole lip follows and spreads to the face, and then disease of the lymphatics ensues, with pyæmia as its consequence. It is a disease so unlike carbuncle that it ought not to be known under the same name. It seems to me not like the accounts given of the malignant pustule abroad, and I have seen no other disease like it in England. It attacks especially young persons from fifteen to twenty-one; and of fifteen cases that I have seen, only one recovered. That disease is not carbuncle, nor is the mortality of that disease to be counted in estimating the mortality from carbuncle. Ordinary car-

buncle on the lip and face has none of those special characters, and is not more fatal in those situations than in any other.—Lancet, Jan. 16, 1869.

HOSPITAL NOTES AND GLEANINGS.

Treatment of Acute Rheumatism in the Principal British Hospitals.—The treatment of acute rheumatism is a subject which has received, perhaps, of late years, greater attention from the profession than any other disease. The numerous remedies which have been enthusiastically brought forward as specifics, have received a fair and very extensive trial, and as a result have all sunk to a level far below the expectations of their advocates. They received a severe blow after the experience of Dr. Gull, Dr. A. P. Stewart and others had been made known, in treating the disease by the expectant, method. It was then shown that acute rheumatism tended to recovery without medici nal treatment of any kind, and that not a few cases recovered under circumstances almost as favourable as those treated by the received alkaline remedies. The aggregate results of expectant treatment are generally recognized to be less favourable than the remedial, both as to the length of the acute stage and the tendency to recurrence and chronic affection of the joints; yet, after reading the following notes from men of large experience and of acknowledged authority, in which the marked difference of opinion as to the remedy or remedies, and even the doses of these to be employed, is so apparent, one cannot but feel how uncertain our therapeutical knowledge is on the subject, and ask the question, What should be the treatment of acute rheumatism? Of the various remedies which are in use at present, the alkaline seems to have gained the greatest share of confidence at the hands of the profession; still the different success which has attended the practice of one physician with another, is a matter which requires solution. That acute rheumatism varies in severity from year to year, and in different localities, is most likely, and perhaps much may be explained in this way as to the various opinions arrived at by leading authorities on the subject, but it is palpable that much has still to be learnt before we can speak dogmatically, as men have been apt hitherto to do, in the treatment of this painful and mischievous malady.

Guy's Hospital.—Dr. Wilks considers rheumatic fever one of the most difficult diseases for study, the principal questions for elucidation being its natural progress; the most usual time for heart-implication; whether any remedies will cut short the disease; and, if so, whether its curtailment prevents the cardiac affection. Dr. Wilks says that individual practitioners will answer such questions most positively, but the profession is by no means agreed about their solution. Although he entertains a doubt as to the best method of treatment, he can fully indorse the statements made by the enthusiastic supporters of each particular remedy. He has fully tried them all, and has seen patients rapidly recover under the use of lemon-juice with a diminution of the pulse; he has had several cases where the blister treatment has been followed by the most marked success; he has given salines in large doses, and with a speedy good result; andhe has adopted the eliminative plan of wrapping the patient in a blanket with the most marked benefit. His difficulty is, not that these plans always fail, for they then might for ever be put aside, but they appear to be eminently successful. This is the good side of the case; the other picture is, that they all sometimes fail; the patient lingers on week after week, sometimes with the articular affection alone, and sometimes with the chest-complication. He had endeavoured, also, by the most careful analysis of symptoms, to discover the connection between the time of the occurrence of the alkalinity of the urine and the abatement of the symptoms; but without success, although very often the doctrine usually taught that the symptoms depart when the urine becomes alkaline, is found to be true. It was owing to this uncertainty as to the best mode of treatment, that the physicians at Guy's determined to study the disease uncomplicated by remedies; for it was assuredly true that no one knew what course rheumatic fever might take if left alone, or at least no one was supposed to know. Dr. Wilks believes that the treatment almost universally adopted until quite lately was equivalent to the "do nothing" system; that the few grains of saline three or four times a day could have had no influence in checking the disease. The medical man was well satisfied with himself because the patient did not die, forgetting that rheumatism, with its complications, is rarely a

fatal disease. If a patient with this disease took the usual saline, and then had endocarditis, pericarditis, and pleurisy, and, after weeks in bed, escaped with his life, friends, patient, and doctor congratulated one another on the favourable termination. The only correct view which can be taken would be that by a medical patient himself; he would consider that his case had ended well if he escaped without cardiac disease, and ended badly if he rose from his bed with an affection of the heart. He would say to his adviser, cut the disease short if this will arrest its progress to my heart, but by all means let it run its course if by this means my heart will escape. Dr. Wilks thinks that it is by no means yet determined that absence of articular symptoms implies the less liability to cardiac disease, or that, after the administration of those remedies which are supposed to shorten the disease, the heart has more readily escaped. He has had lately two patients who were taking half a drachm of bicarbonate of potash every three hours, and very soon the urine became alkaline; after about two days the pains in the joints were lessened, but on the third day acute pericarditis appeared in both patients. In three other cases, now in the clinical ward, one is on quinine, another in blankets, and a third on the blister treatment; although the disease has been protracted, no cardiac affection has appeared in any of them. He thinks, however, that the two cases on the alkaline treatment were unusual, not on account of any antidotal influence excited by the medicine, but from the fact of the pericarditis occurring after the patient had been admitted. He thinks, that in most hospital cases the patient is never taken in until very ill, and then the cardiac inflammation already exists if about to occur at all; if not then present, it is not likely to happen under any treatment. He would not speak dogmatically on this subject, but believes it to be in the main true; and, if so, it is only in private cases, where the patient is seen early, that the definite action of the remedies can be discovered. He would also insist on a fact, too often overlooked, that, whilst lymph on a pericardial surface at once makes itself known by the *frottement*, an equivalent inflammation of the endocardial surface might present no altered sound, and it would be only by the gradual thickening which subsequently takes place, that the fact would be known. This was the case of a man who had acute pericarditis, and it was a question whether there was also an endocardial sound synchronous with the rub; when the latter passed off, however, no murmur referrible to the valves could be heard, nor at any subsequent period whilst the patient was in bed. After two or three weeks he was discharged; but before his leaving the stethoscope was placed over the heart, when a distinct systolic murmur was heard; this had been more than eight weeks developing.

Dr. Wilks considers that the main point for consideration is the discovery of that treatment which will bring the patient through without implication of the heart; that the profession has not yet arrived at this, is certain from the fact of the thousands who die annually of cardiac disease having its origin in rheumatism. If treating a private patient, and having sufficient faith in orthodox remedies until they can be superseded, he prescribes the saline of acetate and nitrate of potash with an opiate at night, occasional blisters to the joints to relieve pain, with flannel next to the skin, etc. Since these notes were written Dr. Wilks has published an interesting paper in the Practitioner recommending the use of tincture of aconite, which he has found of marked benefit given in frequently repeated small doses, in several cases of acute rheumatism.

St. George's Hospital.—The treatment of rheumatic fever adopted by Dr. Fuller is essentially alkaline, and consists not only in administering salines and small doses of alkalies, but in pushing alkalies as rapidly as possible to the point of producing alkalinity of the secretions. When a patient is admitted into the hospital, Dr. Fuller's first care is to determine that the disease under which he is suffering is really rheumatic fever; Dr. Fuller maintains, and acts upon the belief, that cases of rheumatic gout in its acute stage simulate, and are often mistaken for, rheumatic fever. He asserts, indeed, that a want of discrimination as to the true nature of the disease is one of the causes of the failure which some persons experience in their treatment of so-called rheumatic fever by alkalies—true rheumatic fever yielding readily to these remedies, which exercise little control over acute rheumatic gout. The points of distinction on which Dr. Fuller mostly relies as indicating rheumatic gout are: 1, the complexion of the patient, which is seldom so pallid as

in rheumatic fever; 2, the state of the skin, which is more inelastic and doughy than in rheumatic fever; 3, the existence of perspiration devoid of a strongly marked rheumatic odour; 4, tendency to swelling in the small joints of the hands; 5, the comparative absence of redness and coating of the tongue; 6, the absence of a copious deposit of lithates in the urine. When those conditions coexist, Dr. Fuller disregards the heat, pain, redness, and swelling of the joints, orders the patient out of bed, prescribes a cold shower bath, and gives a generous diet, including meat and porter. At the same time, he administers bark and the mineral acids with cod-liver oil, or the mineral acids with tincture of iodine and cod-liver oil; or, if the urine be high-coloured, acid and somewhat turbid, quinine or strychnia dissolved in citric acid, and given in effervescence with a dose of the bicarbonate of potash or soda, the secretions being regulated by an occasional alterative or a dose of some mild aperient. When, on the other hand, the case is manifestly true rheumatic fever, the alkalies—whether potash or soda, appears immaterial, and Dr. Fuller often combines the two—are given to the extent of two drachms every three or four hours until the urine is rendered alkaline. Dr. Fuller usually prescribes two ounces of the haustus ammoniæ acetatis of the Hospital Pharmacopœia with one drachm and a half of bicarbonate of soda and half a drachm of acetate of potash, and this he orders to be taken in a state of effervescence in combination with half a drachm of citric acid dissolved in two ounces of water. The quantity of the fluid not only takes off from the nauseous quality of the medicine, but promotes its absorption, and thereby facilitates its action. As soon as the urine manifests an alkaline reaction, the dose is repeated three times only in twenty-four hours; and on the following day, if the urine still remain alkaline, twice only. After three days, two doses only of this mixture in twenty-four hours usually suffice to keep the urine alkaline; and then Dr. Fuller adds two grains of quinine to each dose, or if quinine be not well borne, he substitutes a mixture consisting of the haustus cinchonæ of the Hospital Pharmacopœia, with the addition of half a drachm of bicarbonate of soda and half a drachm of acetate of potash. Day by day as the tongue cleans and the other symptoms subside, the quantity of alkali is cautiously diminished until a simple quinine draught is taken; but the condition of the urine is constantly watched with a view to the immediate administration of a small quantity of alkali, should the least acidity call for its use. The diet is another point on which Dr. Fuller lays particular stress; he insists that strict abstinence from solid food is of far more importance than in gout. He gives beef-tea or broth throughout, and, if stimulants appear to be needed, does not object to their being administered cautiously; but he withholds solid food until the tongue is quite clean, and has often proved to his class in the wards that a too early recourse to meat will induce a relapse, and prevent convalescence. Under this treatment, Dr. Fuller says, the pains commonly subside in five or six days, and the patients are seldom ten days in bed. Moreover, the heart may be regarded as safe from attack; for in two instances only, in the whole course of his hospital experience, has inflammation either of the endocardium or pericardium arisen after the patient has been twenty-four hours under treatment, and in one of these cases the alkalies had been imprudently abandoned under the belief that the patient was convalescent.

The treatment, employed by Dr. Barclay is also alkaline. He follows out this plan after a long experience, believing that alkalies diminish the duration and the pain of the acute stage, and that by maintaining the alkalescence of the secretions the disease is less liable to become chronic. It prevents, almost invariably he believes, inflammation of the heart after the system has been fully brought under the influence of the alkali. Dr. Barclay also gives mercury to improve and correct the excretions, and opium in modified doses to afford when necessary desired rest.

Edinburgh Royal Infirmary.—In the clinical wards of this infirmary the following treatment is adopted by Dr. Laycock. The details have been carefully condensed from the note books by Dr. David Ferrier, clinical assistant to his ward. The patient is put to bed with flannel next the skin, in order to favour and absorb perspiration and prevent sudden chill. When there is great pain and sleeplessness, a full dose of Dover's powder is administered. If the skin be hot and dry, a hot vapour-bath is resorted to with advantage. In cases of biliary derange-

ment and constipation, the patient is freely purged. Calomel is generally given. The principal treatment consists in the administration of carbonate or nitrate of potash in drachm doses, every three or four hours, which Dr. Laycock finds greatly to alleviate the suffering, and considers beneficial in promoting the elimination of irritating substances from the economy. The treatment is the usual diathetic treatment of rheumatic affections in whatever form they occur. When the rheumatic affection is of the bursal form, colchicum is combined with the alkaline remedies. Quinine is given in those cases characterized by great irritability and restlessness, with marked benefit. Opiate, alkaline, or nitrate of potash epithems, are applied to the affected joints. Blisters are not generally employed, except in cases of long-continued pain in particular joints. In such cases, they seem to produce marked relief in a short time. Lung-complications, such as pleurisy, pneumonia, etc., are treated diathetically by alkalies and by the local application of opiate or alkaline epithems over, or a blister near, the seat of pain. If a heart-affection be established, the treatment consists in giving a quarter of a grain of opium and a quarter of a grain of calomel in a pill, every two or three hours. Heart-affections are not so liable to come on when the treatment by alkalies and the wrapping-up in blankets has been adopted at the commencement of the disease. The cases of heart-complications are chiefly those where the affection was established before admission into the hospital. In cases of head-complications, with delirum opium is given only in those characterized by muttering delirium; and is avoided if there be any signs of cerebral irritation or excitement. When convalescence is established, quinine, iron, bitter tonics, and good diet, is the rule of treatment. The average duration of acute uncomplicated cases treated in Dr. Laycock's cases is three to four weeks.

Leeds General Infirmary.—Dr. Chadwick, after much experience and a vast variety of changes in the course of thirty years, now relies upon bicarbonate of potash, in twenty-grain doses, every four hours, and keeping the patient in blankets. The only difficulty he finds, is some symptom or rule when to cease the administration of the remedy. The change from the sour perspiration and the alkaline condition of the urine may point to a less frequent administration, but does not warrant him in changing it altogether. Since he adopted the "sleeping in blankets," he believes he has had less endocardial and pericardial complication. His colleagues pursue a practice almost analogous.

Netley Hospital.—At Netley Hospital, there are few admissions from acute rheumatism, most of the patients being men invalided from foreign stations. The disease is treated at Netley by Dr. MacLean chiefly by alkalies; bicarbonate of potash, in combination with nitre, being given in full doses until the urine is made alkaline, when the doses are diminished so as merely to maintain the alkaline conditions of the urine. Rest is obtained by sedatives, in combination with the wine of ipecacuanha. Joints that are particularly affected are enveloped in pads of lint soaked in hot alkaline solution. If there be much pain, the hypodermic injection of morphia is resorted to. The plan of Dr. Chambers, of making the patients lie between blankets, is also invariably followed.—Brit. Med. Journ., Jan. 2d, 1869.

(*To be continued.*)

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Uses of Carbolic Acid in Surgical Practice.—At the London Hospital, Mr. MAUNDER has employed carbolic acid under various circumstances—in the treatment of large chronic abscess, in acute abscess of bone, after the removal of mammary tumours, in incised operation wounds (as, for instance, hernia and ligature of the arteries), and as a dressing after amputations, both primary and secondary. The most important and interesting case in which Mr. Maunder used the drug was one of ligature of the left common carotid artery, in a private patient, the subject of three surgical aneurisms. The ligature having been soaked in a strong solution of acid, was cut short, a weak solution was poured into the wound, and all the sponges and instruments employed in the operation were dipped in the acid solution. The wound was closed over the ligature, and thick pads of lint saturated with carbolic oil were adapted to the wound, and the outer pad was occasionally moistened with the oil. Six days subsequent to the operation the wound was dressed with carbolic putty, when neither swelling, nor redness, nor secretion was observed. The wound closed over the ligature, and in less than a month the patient went to the seaside. Mr. Maunder is of

opinion that carbolic acid tends to prevent and arrest suppuration, to prevent decomposition in abscess cavities, to prevent local inflammatory action, and general inflammatory or traumatic fever. Thus, he thinks, the healing process is expedited, and the dangers of accident and operation wounds greatly diminished.

Mr. HOLT, of the Westminster Hospital, finds carbolic acid as applied in accordance with the directions given by Mr. Lister (see Am. Journ. Med. Sci., Oct. 1867, p. 541), a very valuable remedy. He has tried it in a large number of cases, and although it does not always succeed, he believes this is more from failing health on the part of the patient than from any defect in remedy. In the main, however, it can be relied upon. Indolent, deep abscesses, sinuses, unhealthy ulcers, and such like, are much benefited by its application, and in recent operations, if the directions are thoroughly carried out, it certainly promotes immediate union.—Lancet, Jan. 23, 1869.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Constitutional Syphilis treated by Hypodermic Injection.—Dr. HAMMER has reported to the St. Louis Medical Society satisfactory results from the hypodermic injection of one-eighth grain doses of the bichloride of mercury dissolved in twenty minims of water, in constitutional syphilis. Since the report of the first case in which he had tried the remedy (the patient in the City Hospital), he had used it in several cases in private practice, with most remarkable effect. Under the use of the remedy once daily, the worst symptoms rapidly disappeared. In this treatment there is said to be less danger of unpleasant local effects—inflammation, suppuration and abscess—if the injections are made through the thicker skin over the loins.—Humboldt Med. Archives, Dec. 1868.

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Philadelphia Dispensary for the Medical Relief of the Poor.—We have received the annual report of this venerable and useful institution which has been conferring its benefits on the sick for over 80 years, having been founded in April, 1786.

During the past year 13,706 patients have been treated, of whom 13,326 recovered or were relieved, and only 89 died. 3844 teeth were extracted.

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Sanitarium.—This institution for the treatment of intoxication from alcoholic liquors, opium, haschisch, and other narcotics is situated at Media, Delaware County, Pennsylvania, fourteen miles from Philadelphia, on the West Chester and Delaware Railroad, and is now open for the reception of patients. Particulars may be learned by addressing Joseph Parrish, M. D., Media, Delaware County, Pa.

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Medical Society of the District of Columbia.—This society has just completed the erection of a new hall, and recently dedicated it with the usual ceremonies. The first story contains two stores; the second story is for the use of the society, which is 46 by 36 feet. Adjoining it is a committee room 14 by 23 feet, and a library room 18 by 20 feet.

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St. Louis Medical College.—On last New Year's day this college inaugurated a medical library which is intended as well for the students as the profession. This is the first public library in St. Louis, and the public cannot but benefit by it.

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A Just Legislative Enactment.—The legislature of Wisconsin has enacted a law legalizing dissections, and disqualifying quacks from giving testimony in courts, on medical matters, and to prevent their collecting fees.

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New York Physicians' Mutual Aid Association.—We have before us the constitution and by-laws of this useful society, the object of which is to afford relief to the heirs of its deceased members. The president is Dr. John H. Griscom, and treasurer E. H. Janes.

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New Law in Ohio for the Protection of the Public against Quacks.—The legislature of Ohio has enacted a law which went into operation in October last, requiring all medical practitioners to suspend practice who have not received a regular diploma.

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American Medical Association.—Dr. J. F. HIBBARD, of Richmond, Ind., writes us that he expects to be able to make arrangements for the conveyance of delegates from

Cairo to New Orleans in a first class steamer.

The time from Cairo to New Orleans will be about four days, and the fare for the trip (going and returning), including meals and state-rooms, not exceeding thirty-five dollars.

FOREIGN INTELLIGENCE.

Prof. Halford's Treatment of Snake-bites.—Prof. HALFORD, of Australia, has instituted a number of experiments on animals, with the view of discovering an agent which would avert the poisonous effects of the bites of venomous snakes. The subject, it is stated (Lancet, Jan. 30, 1869), has recently attracted a large amount of attention in that country, owing to the professor having employed his remedy—a solution of ammonia injected into the veins—with success in the case of a man exhibiting all the symptoms of snake-poisoning in a dangerous degree. "A man was bitten by a venomous snake, which he had taken into his hands, supposing it to be dead. Not long afterwards he became drowsy, and mentioned the occurrence to one of his mates. The latter immediately set about procuring medical assistance, but by the time it arrived the man was comatose, and his lower extremities paralyzed. Galvanism and other usual remedies were applied, but without effect. In this extremity the medical man first called in caused Dr. Halford to be telegraphed for. The case was the first opportunity he had had of applying his new treatment to a human being, and he at first felt some hesitation in resorting to it. An incision, however, was made through the skin exposing the superficial radial vein, and the point of the syringe being introduced into the vein, the injection (of ammonia) was completed. The beneficial effect was immediate. From an almost pulseless state, and from a stupor verging on death, the patient speedily became conscious. He has been steadily recovering since, and he is now reported to be nearly well. Whether the earlier treatment in any way contributed to the cure cannot, perhaps, be certainly known, but there appears to be little doubt the medical men entertain none—that the case must have ended fatally but for Professor Halford's treatment. We require, of course, some further cases before the merit of the discovery can be determined. Ammonia is not a new remedy for snake-bites, but Dr. Halford has the credit unquestionably of having applied it in a direct way by injection into the blood, so that its effects should be immediate and general. Its application in this way could only be safe in skilled hands. The discovery was not fortuitous, but resulted from a consideration of the microscopical alterations which he found taking place in the bloodvessels of animals subjected to the snake-poison. It is only right to add, however, that the observations of Dr. Fayrer and others have failed to verify the statements made by Dr. Halford on the altered condition of the blood-corpuscles.[1] We learn from a letter which Dr. Halford addressed to the Melbourne Argus, that he had previously instituted a series of experiments on the lower animals, and he publishes five of them which he performed on dogs. In four instances the treatment was successful. To carry out the treatment a solution of ammonia—of the strength of one part of strongest liquor ammoniæ to two parts of distilled water—and an ordinary hypodermic syringe are required. The ammonia is thrown directly, but gradually, into the blood by puncturing any superficial vein, and may be repeated as its beneficial operation ceases."

Three other cases treated by Prof. Halford's plan are quoted in the Med. Times and Gaz., Jan. 30, 1869, one of which we will quote, as showing more clearly Prof. Halford's treatment.

"On November 11, a man came under my care, says Dr. Dempster, of Beechworth, for treatment for the bite of a blacksnake. He was bitten about 8 A.M., and after several minutes had elapsed he pricked and incised the wound. Before this, however, he had felt very giddy. I did not see him for more than an hour afterwards, and treated him in the usual way, with brandy and ammonia, and scarifying the wound and applying ammonia. The man, however, fell into a state of stupor, and when I was

[1] Dr. S. Weir Mitchell, in a note to us, writes: "Dr. Halford's treatment is a perfectly rational means of rousing an enfeebled heart. Ammonia given by the mouth did not seem to me as efficacious as alcohol. Perhaps the latter might be used subdermically, or thrown into a vein with success where speedy effects are desirable. Dr. Halford is himself inclined to abandon the view he formerly held as to the condition of the blood in snake-bites. The cause of the hemorrhage after snake-bites and of the widely distributed local extravasations, has been explained by me in the N. Y. Medical Journal."

called to him at mid-day we could not rouse him. I therefore injected liq. ammon. fort. into the saphena vein, and also hypodermically. This affected him at once, and after the second injection he woke up, and became sensible; his pupils, which had before been very sluggish, acted well; and his pulse rose from fifty-six to seventy. After this he went on well, with the exception of violent vomiting for twelve hours. He is now (November 15) convalescent, but very weak. I, of course, continued the stimulant treatment, but I certainly attribute the man's recovery to the injection of ammonia, of which I altogether injected about twelve minims. Professor Halford mentions, with reference to this case, that the liq. ammon. fort. should be diluted before injection in such cases with two or three times its quantity of water, and of this mixture from twenty to thirty drops should be injected into one of the larger veins. The syringe, he adds, should be carefully introduced, so as to give the ammonia a fair chance. He disapproves of merely throwing the injection under the skin, and believes that after the injection of the ammonia there is no necessity for resorting to the use of stimulants. In a matter so important as this, the result of a few more experiments will be looked forward to with great interest by the public generally, as they will no doubt be by the profession."

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Carbolic Acid in Malarious Fever.—From a despatch which has been forwarded by Sir Henry Barkly to the Colonial Office we learn that Dr. Barraut, the Acting Sanitary Inspector at the Mauritius, and Dr. W. H. Tassier, of the same place, have been not only using carbolic acid extensively as a disinfectant, but they have been employing solutions of the pure variety, prepared by Messrs. Calvert and Co., in the direct treatment of the fever cases in the epidemic in that island. These gentlemen speak highly of the therapeutical powers of the acid in intermittent fever. It was employed by them in two ways. One grain of the pure medicinal acid in one ounce of water, with a little brandy or bitter infusion, was administered as a medicine three times a day, and with, it is asserted, remarkably good effects, the relapses being less frequent than after the use of quinine. It was chiefly in those cases in which the fit was ushered in by vomiting that Dr. Barraut found the carbolic acid acted with the greatest advantage. Another method of treatment was by hypodermic injection of a solution of the pure acid; and a table of twenty-seven cases is given in illustration of the effects, with the detailed account of others. The strength of the injection used by Dr. Tassier was sixty-four grains to four ounces of water, of which as much as from twelve to thirty minims were used at a time. We have elsewhere directed attention to the caution which is required in the use of this powerful agent, which, it must be remembered, is a poison; but this method of employing it, as well as the object in view, are, we imagine, novel. We must await the results of further trials before deciding as to the value of the practice. If these should be confirmatory of the experiences of Drs. Barraut and Tassier, the discovery will prove both important and interesting.—Lancet, Jan. 23, 1869.

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Treatment of Typhoid Fever by Glycerine.—Mr. E. Shedd claims (Brit. Med. Jl., Jan. 2, 1869) great success in the treatment of typhoid fever, by this plan: "As soon as there is any tenderness in the abdomen upon pressure, I prescribe drachm doses of glycerine (in the case of an adult), to be repeated three times a day. Under this treatment, the temperature gradually subsides, becoming normal towards morning, and rising to 99° Fahr. towards evening. The secretions soon improve; a profuse perspiration frequently prevails; diarrhœa is quickly checked; and the patient becomes convalescent.

"Of the numerous cases which have come before me in my practice, I have treated twenty-seven in the manner described, and with complete success, as not a single death from typhoid fever has occurred."

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Strychnia in Diphtheritic Paralysis.—At the annual meeting of the St. Andrews Medical Graduates' Association Dr. Maund read a paper on this subject. He remarked that the cases of secondary nerve affections following diphtheria were very frequent and peculiar, and he believed the frequency of them to be in inverse ratio to the severity of the primary attack. He had never met with more than one case following a severe primary attack, but he had had many cases of secondary paralytic affection where the attack of diphtheria was so slight as to have

escaped notice. The case described in detail exemplified this. Strychnia has usually been found most beneficial, but he confined his remarks chiefly to the one case where the effect of this drug was most remarkable. A lady, aged thirty-three, was seized suddenly with most intense frontal headache, and febrile symptoms, which were greatly aggravated every afternoon. After a fortnight her sight became dim, and her taste was lost, except for sweet things. She stated that she was in her usual health till the day before he saw her, when the frontal pain came on. Very close inquiry elicited that she had a "sore-throat" three weeks before the attack. Her husband likened the appearance of the tonsils to the "whitish mould which comes on the top of soup which had been kept too long." This cleared up the case. In the course of the next four weeks she nearly lost her sight and taste; deglutition was most difficult, fluids returning through her nose; sensation and motion were almost annihilated in the lower half of the body, and to a less degree in the hands and arms. In the dark she was powerless to move her hands; if she clasped them in the dark she could not separate them till a light was brought. Strychnia was given in increasing doses, but without very marked effect till the dose reached one-tenth of a grain four times daily. The effect was then remarkable. Before taking her dose of strychnia one leg was quite helpless; a depressed and anxious countenance; the sight so dim that she could not discern the largest print on a posting-bill; her voice was highly nasal, and she was almost unable to swallow. Twenty minutes after her dose her countenance began to brighten, the paper on the wall (which previously appeared of a drab colour) began to show its pattern, which rapidly became clearer, till in half an hour she could perfectly discern both its form and colour; the voice lost its nasal twang, and deglutition became easy; the taste was restored, though much less perfectly, and the different functions were performed. In an hour the sight began to become dim, and she returned to her previous condition, and waited with longing for the next dose of strychnia. At the end of three months she had regained all her faculties, with the exception of the use of the legs. She could walk from room to room when it was light, but was still powerless in the dark. It was ten months before she was restored to health.—Lancet, Dec. 12, 1868.

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Albuminuria from prolonged administration of Nitrate of Silver.—In its *clinique hebdomadaire* of October 10, the *Gazette des Hôpitaux* calls attention to the production of albuminuria as one of the results of the prolonged administration of the nitrate of silver. This substance is now so frequently resorted to in consequence of the success with which Wunderlich, Charcot, and Vulpian have employed it in locomotor ataxy, that its possible ill-effects require to be made known. The slate colouring of the skin from its prolonged use is familiar to all, and recent investigation has shown that a kind of general impregnation of the economy takes place. MM. Charcot and Ball, in their article "Argent" in the new edition of the Dictionnaire des Sciences Médicales, now publishing, relate the results of a series of experiments which they have performed on dogs. In those which succumbed to intercurrent affections, having taken medicinal doses of the nitrate during a month or six weeks, a singular circumstance was observed. While the mucous membrane of the stomach and of the upper part of the duodenum presented its natural colour, a little lower down the slaty colour was observed, which became more and more deep as the end of the ileum was approached, its maximum being reached immediately above the ileo-cæcal valve. Here it suddenly ceased, the normal colour reappearing in the cæcum to be presently replaced by the slaty tinge, the lower portion of the rectum attaining the maximum of discoloration. When the nitrate had been administered for a longer period, the intestinal mucous membrane became more uniformly slate-coloured, and the decided line of demarcation between the jejunum and ileum no longer existed. After two or three months, however, another phenomenon appeared, the subjects exhibiting black spots on the gums opposite the necks of the teeth, and especially of the canines.

According to MM. Charcot and Vulpian's observations on man, the effects of the nitrate are divisible into four periods. During the first there is no irritation of the intestinal canal produced, unless gastralgia arise from too large a dose, itching of the skin, or sometimes a little papular erythema, being

all that is observed. When a more or less quantity has been absorbed (the minimum being a total of thirty grains), a deep blue line is observed at the necks of the teeth, the buccal membrane also exhibiting black patches. This is generally after three months' administration; and when the nitrate is still no longer continued the blackened skin may be produced. To these three periods a fourth may be added, which is characterized by a general impregnation of the economy, producing black granulations in most of the tissues and viscera. To one of these organs, the kidneys, M. Lionville has lately directed attention, while communicating a case to the Biological Society. A woman, aged 34, the subject of locomotor ataxy, died in the Salpétrière. During nine months of 1862-63 she had taken, in small doses, about 105 grains of the nitrate. The improvement which at first occurred did not continue, and other means were tried; but in 1868, although five years had elapsed since she had left off the nitrate, there was some discoloration of the skin and a blue line at the gingival edges of the teeth. At the autopsy, among other morbid appearances, the kidneys, supra-renal capsules, and choroid plexuses were found impregnated with the nitrate. On dividing the kidneys they were found sprinkled with small isolated black or blue points or grains, the Malpighian glomeruli being discoloured by them not only on their contour, but their interior. The impregnation was almost confined to the cortical substance. Numerous alterations, resembling the granulo-fatty lesions in Bright's disease, were observed, and the urine was observed several times during life to be albuminous. It would seem, then, that another special form of albuminuria may be described, analogous to that produced by lead, and termed by Ollivier saturnine albuminuria. It is desirable, therefore, during the prolonged administration of the nitrate, that the urine should be examined from time to time in order to see whether its suspension may not be indicated in this direction.—Med. Times and Gaz., Oct. 17th, 1868.

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Internal Strangulation mistaken for Cholera.—Drs. Fournier and Ollivier relate, in the Gazette Médicale for August 15th, the case of a man, aged 34, who was admitted into the Hôtel-Dieu in 1867 with symptoms resembling those of cholera. There were general coldness of the surface, clammy sweats, coldness of the breath, small accelerated pulse, much thirst, frequent vomiting of matter like the rice-water discharge of cholera, retraction of the abdomen, with tenderness at the epigastrium, and suppression of urine, and occasional cramps. There was said to have been diarrhœa. The patient died the day after admission. It was found that, three days before admission, he had been suddenly seized with pain in the abdomen, and on the next day with vomiting. On *post-mortem* examination, there was found in the right iliac fossa a mass of small intestine, consisting of two separate portions of the ileum, strangulated by a strong fibrous band, which was attached at one end to the rectum and at the other to the cæcum and the brim of the pelvis. The portions of intestine which were not strangulated, and the other organs, were healthy.—Brit. Med. Journ., Oct. 10, 1868.

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India-rubber Sponge.—This seems a very ingeniously contrived substance. It is an artificial sponge, made apparently by filling India-rubber in a fluid state with bubbles of gas, and then allowing it to harden, the result being a mass of India-rubber as full of holes and pores as a French roll. It is very elastic, will take its fill of water easily, and may be used for many purposes instead of stiff sponge—as, for instance, in the bath as a flesh brush, for cleaning paint, windows, etc. But it also seems capable of being made into pads for fracture, hernia, etc., and, if so, its lightness, pliability, and elasticity may make it of great service.—Med. Times and Gaz., Sept. 26, 1868.

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Obituary Record.—Died, in Dublin, December 23d, 1868, of paralysis, Dr. Joseph M. O'Ferrall, a most eminent and respected practitioner. He was remarkable for his diagnostic skill, and was the author of many valuable papers. Among these may be enumerated "On Ileo-cæcal Abscess," "The Pathology and Treatment of Varicose Veins," "On the Cure of Popliteal Aneurism by Compression of the Artery at the Groin," "On the Structure and Diseases of an Apparatus Surrounding the Eyeball, and a New Operation for Extirpation of that Organ."

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This is a very valuable little work. We trust it will be extensively used by our medical men and students. All the latest knowledge in this branch of medicine is grouped in a clear, compact form, and it is well worth the small price at which it is furnished.—*Iowa Med. Jour.*, April, 1868.

He shows a thorough acquaintance with the literature of medicine, and with the actual difficulties of practice. To those who want a handy-book, and can usefully assimilate such concentrated information, we recommend it without hesitation.—*Dublin Quarterly Journal of Medicine*, Feb. 1868.

It is the highest merit of this modest little work that its author has found about the right measure of instruction to impart, and has forced himself within the limits of the student's need, where no doubt it would have been much easier to expand. Here is a pattern to show how many a plethoric volume could be advantageously systematized and condensed. Nor is it the student alone who is benefited by this compactness; the old practitioner surely should be grateful for the concise synopsis here presented of to-day's standpoint of our science.—*St. Louis Medical and Surgical Journal*, September, 1867.

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